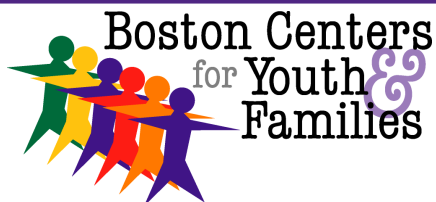


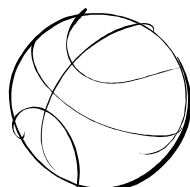
Thomas M. Menino
Mayor



Daphne Griffin
Executive Director

East Boston Summer Recreation & Sports Center

at Orient Heights Community Center and Noyes Park

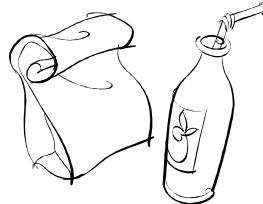
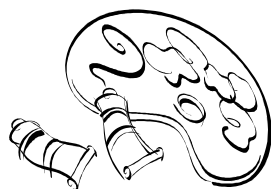
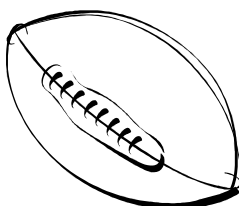


for children ages 7-14



July 6 - August 13, 2010

Monday - Friday 9:00 AM - 2:30 PM



Free breakfast
and lunch will
be available.

Each participant must have a current signed parent consent form.

Please note this program has an open door policy and children are permitted to leave at any time.

Pre-registration is recommended and space is limited, please call 617-635-4920 x2219.



Boston R.O.C.K.S!!!
Recreational Opportunities for City Kids

Mayor Thomas M. Menino

www.bostonyouthzone.com www.BOSTONavigator.com 617-635-KIDS

East Boston Summer Recreation & Sports Center

Registration and Parent Consent Form

(One Application per Child)

Child's Name: _____

DOB: _____ ☐ Male ☐ Female

Street Address: _____

Neighborhood: _____ Zip: _____

Phone #: _____

Email: _____

Parent/Guardian Name: _____

Phone #: _____

Contact Person (Emergency): _____

Phone #: _____

Parental Consent:

I am the parent or legal guardian of the above named applicant and verify that he/she is in good health and has my permission to participate in the East Boston Summer Recreation & Sports Center.

I agree to indemnify and hold harmless the City of Boston, Boston Centers for Youth & Families, any/all sponsors and any other individual working on behalf of the Boston Centers for Youth & Families from claims, demands and judgments arising at anytime my child is participating in the East Boston Summer Recreation & Sports Center.

I understand that my child may be transported to and from swimming activities at the Paris St. pool and may also take public transportation to sites and events within the City of Boston.

I give consent for my child to be administered first aid and to be treated by an emergency medical technician/paramedic, nurse and/or doctor.

Does your child have any allergies or medical problems and or take medication for any medical conditions? ☐ No ☐ Yes If Yes, please explain: _____

Parent/Legal Guardian Signature: _____

Printed Name: _____ Date: _____